12/23/2005

Date

IN THE LIGHTED STATES PATENT AND TRADEMARK OFFICE

Art Unit:

Examiner:

1645

Lakia J. Tongue

P.O. Box 1450

Signature

I hereby certify that this correspondence is

being deposited with the United States Postal

Service with sufficient postage as first class

mail in an envelope addressed to:

Alexandria, VA 22313-1450, on

Olga Berson, Reg. No. 55,001

Mail Stop AMENDMENT Commissioner for Patents

December 23, 2005

**Date of Deposit** 

In re application of:

Steven D. GOODMAN, et al.

Serial No: 10/614.072 Filed: July 2, 2003

For: PREVENTING TOOTH DECAMO

INFECTIVE **ENDOCARDITIS USING NATURAL OLIGOPEPTIDES** 

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment for the above-identified application:

DEC 2.7 2005

Small entity status has been claimed. See 37 CFR § 1.27.

冈 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	16	-	20	**		LG=\$50 SM=\$25	\$	\$
INDEPENDENT CLAIMS FEE	4	-	3	***	1	LG=\$200 SM=\$100	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180								\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)  \$250 FOR EACH ADDITIONAL 50 SHEETS								\$
							TOTAL	\$

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

A check in the amount of \$\_ to cover the extension fee is enclosed. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  $\boxtimes$ 

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, **HOGAN & HARTSON L.L.P.** 

Dated: December 23, 2005

2049 Century Park East, Suite 700 Los Angeles, California 90067 Telephone: 310 789-5100

Facsimile: 310 789-5400

Olga Berson, Ph.D.

Registration No. 55,001 Attorney for Applicants

rson

Appl. No. 10/614,072

Amdt. Dated December 23, 2005

Reply to Office Action of October 3, 2005

DEC 2 7 2005

Attorney Docket No. 89188.0046 Customer No. 26021

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Steven D. GOODMAN, et al.

Serial No.: 10/614,072

Confirmation No.: 6624

Filed:

July 2, 2003

For:

PREVENTING TOOTH DECAY AND

INFECTIVE ENDOCARDITIS USING

NATURAL OLIGOPEPTIDES

**AMENDMENT** 

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 3, 2005, please consider the following remarks:

The listing of pending claims begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

Art Unit: 1645

Examiner: Lakia J. Tongue

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed

Mail Stop AMENDMENT Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

December 23, 2005 Date of Deposit

Olga Berson, Ph.D. Reg. No. 55,001